

**PAGE NUMBER:**

W 1901

**NOT SUBMITTED**

# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by Janu

Committee to R  
PO Box 2569  
Madison, WI 53

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.  
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. Print: <u>Sarah Cleveland</u> Sign: <u>Sarah Cleveland</u>	Street: <u>1433 Wild Iris St</u> City: <u>Sun Prairie</u> Zip: <u>53590</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Sun Prairie</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email  Phone ( )
2. Print: <u>Marta Nelson</u> Sign: <u>Marta Nelson</u>	Street: <u>111 W. Wilson #810</u> City: <u>Madison</u> Zip: <u>53703</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email  Phone ( )
3. Print: <u>Kathy Faas</u> Sign: <u>Kathy Faas</u>	Street: <u>PO Box 441</u> <u>6753 Sunset Meadow</u> City: <u>Windsor</u> Zip: <u>53598</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Windsor</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email  Phone ( )
4. Print: <u>Heidi Herziger</u> Sign: <u>Heidi Herziger</u>	Street: <u>1220 Jenifer St</u> City: <u>Madison</u> Zip: <u>53703</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email  Phone ( )
5. Print: <u>Larry Hayes</u> Sign: <u>Larry Hayes</u>	Street: <u>540 W. Olin Ave #150</u> City: <u>Madison</u> Zip: <u>53715</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email  Phone ( )

I, Sue Alioto, (certify): I reside at 708 W. Brittingham Pl Madison  
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 15 / 2011  
(Month) (Day) (Year)

Sue Alioto  
(Signature of Circulator)

Page No. (Official Use Only)  
# 1902

Circulators,  
Please include your contact i

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# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PO Box 2569  
Madison, WI 5

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1. Print: <u>Casey Schumann</u> Sign: <u>[Signature]</u>	Street: <u>504 E. Dean Ave</u> City: <u>Madison</u> Zip: <u>53716</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11 / 15 / 2011</u> (Month) (Day) (Year)	Email  Phone ( )
2. Print: <u>Scott E Aulen</u> Sign: <u>[Signature]</u>	Street: <u>5515 W. MARTIN DR #2</u> City: <u>MILWAUKEE</u> Zip: <u>53268</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>MILWAUKEE</u> (Municipality Name)	<u>11 / 15 / 2011</u> (Month) (Day) (Year)	Email  Phone ( )
3. Print: <u>Kevin Miller</u> Sign: <u>[Signature]</u>	Street: <u>5964 Prairie Wood Dr.</u> City: <u>McFarland</u> Zip: <u>53558</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>McFarland</u> (Municipality Name)	<u>11 / 15 / 2011</u> (Month) (Day) (Year)	Email  Phone ( )
4. Print: <u>Ryan Gobel</u> Sign: <u>[Signature]</u>	Street: <u>113 Cherry St.</u> City: <u>Edgerton</u> Zip: <u>53534</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Edgerton</u> (Municipality Name)	<u>11 / 15 / 2011</u> (Month) (Day) (Year)	Email  Phone ( )
5. Print: <u>Shayna Gobel</u> Sign: <u>[Signature]</u>	Street: <u>113 Cherry St</u> City: <u>Edgerton</u> Zip: <u>53534</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Milton</u> (Municipality Name)	<u>11 / 15 / 2011</u> (Month) (Day) (Year)	Email  Phone ( )

I, Sue Alioto, (certify): I reside at 708 W. Briffingham Pl Madison  
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

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(Month) (Day) (Year)

Sue Alioto  
(Signature of Circulator)

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Circulators,  
Please include your contact

Phone  
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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Monica Harrison	<i>Monica Harrison</i>	Street: W11974 County Rd W City: Baraboo, WI Zip: 53913	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Caledonia	11/16/2011 (Month) (Day) (Year)
2. RICHARD W. HARRISON	<i>Richard W. Harrison</i>	Street: W11974 County Rd W City: BARABOO, WI Zip: 53913	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City CALEDONIA	11/16/2011 (Month) (Day) (Year)
3. Jim Deering	<i>Jim Deering</i>	Street: 5702 Dorsett Dr. City: Madison WI Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
4. Dolores J. Meiller	<i>Dolores J. Meiller</i>	Street: 502 Middlebury Pl. City: Madison WI Zip: 53716	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
5. Nancy Meiller	<i>Nancy Meiller</i>	Street: 53651A N Bent Tree Dr City: Baraboo, WI Zip: 53913	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Fairfield	11/16/2011 (Month) (Day) (Year)
6. <del>Jim Westrick</del>	<del><i>Jim Westrick</i></del>	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____	1/20 (Month) (Day) (Year)
7. Jim Westrick	<i>Jim Westrick</i>	Street: 3104 Ruge City: Janesville WI Zip: 53401	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Janesville	11/16/2011 (Month) (Day) (Year)
8. Mark J. Wanless	<i>Mark J. Wanless</i>	Street: 137 Cherry St City: Edgerton, WI Zip: 53534	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Edgerton	11/16/2011 (Month) (Day) (Year)
9. Larry W. Schlegener	<i>Larry W. Schlegener</i>	Street: 1414 Cherry St City: Edgerton WI Zip: 53534	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Edgerton	11/16/2011 (Month) (Day) (Year)
10. David Pross	<i>David Pross</i>	Street: 409 W. Carham St. Apt 1105 City: Madison WI Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)

## Certification of Circulator

I, Diane Olsen, (certify): I reside at 2524 Targhee St City of Fitchburg  
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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(Month) (Day) (Year)

(Signature of Circulator)

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# SCOTT WALKER RECALL PETITION

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Committee to  
PO Box 2569  
Madison, WI

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1. Print: <u>Andy Greer</u> Sign: <u>Andy Greer</u>	Street: <u>2730 Inghelny Drive</u> City: <u>Madison</u> Zip: <u>53711</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Fitchburg</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email  Phone <u>(608)</u>
2. Print: <u>Tom Olszewski</u> Sign: <u>Tom Olszewski</u>	Street: <u>1415 Wedgewood Drive</u> City: <u>Watertown</u> Zip: <u>53098</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Watertown</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email  Phone <u>(920)</u>
3. Print: <u>Ashley Toy</u> Sign: <u>Ashley Toy</u>	Street: <u>2305 University Ave Apt 5</u> City: <u>Madison</u> Zip: <u>53726</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email  Phone <u>(414)</u>
4. Print: <u>Benjamin Kranner</u> Sign: <u>Benjamin Kranner</u>	Street: <u>7679 Greenwood Rd</u> City: <u>Verona</u> Zip: <u>WI</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Middleton</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email  Phone <u>(608)</u>
5. Print: <u>ROSALIND LEVIN</u> Sign: <u>Rosalind Levin</u>	Street: <u>5802 CABLE</u> City: <u>MADISON, WI</u> Zip: <u>53705</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>MADISON</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email  Phone <u>(608)</u>

I, Diane Olson, (certify): I reside at 2524 Targhee St  
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number)

City of Fitchburg  
(Circulator Municipality)

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Diane Olson  
(Signature of Circulator)

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Circulators,  
Please include your contact

Phone

Email

Bate  
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1. Print: <u>Judith Bakken</u> Sign: <u>Judith Bakken</u>	Street: <u>4813 Holiday Dr</u> City: <u>Madison</u> Zip: <u>53711</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/14/2011</u> (Month) (Day) (Year)	Email  Phone <u>(608)</u>
2. Print: <u>Paul Bernstein</u> Sign: <u>Paul Bernstein</u>	Street: <u>5913 Williamsburg Way</u> City: <u>Madison WI</u> Zip: <u>53711</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email  Phone <u>(608)</u>
3. Print: <u>Neil Bernstein</u> Sign: <u>Neil Bernstein</u>	Street: <u>4825 Holiday Dr</u> City: <u>Madison WI</u> Zip: <u>53711</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/14/2011</u> (Month) (Day) (Year)	Email  Phone <u>(608)</u>
4. Print: <u>Jenifer Wilson-Tepeli</u> Sign: <u>Jenifer Wilson-Tepeli</u>	Street: <u>538 W Washington</u> City: <u>Madison</u> Zip: <u>53703</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/14/2011</u> (Month) (Day) (Year)	Email  Phone <u>(508)</u>
5. Print: <u>Justin Hardy</u> Sign: <u>Justin Hardy</u>	Street: <u>2929 Fish Hatchery Rd</u> City: <u>Fitchburg</u> Zip: <u>53713</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/14/2011</u> (Month) (Day) (Year)	Email  Phone <u>(608)</u>

I, Diane Olsen (certify): I reside at 2524 Targhee St  
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number)

City of Fitchburg  
(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis Stats.

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(Month) (Day) (Year)

Diane Olsen  
(Signature of Circulator)

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Circulators.

Please include your contact

Phone

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# SCOTT WALKER RECALL PETITION

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1. ANN L. Koski	<i>Ann L Koski</i>	Street: 2520 Targhee St City: Fitchburg Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Fitchburg	11/15/2011 (Month) (Day) (Year)
2. Jane Lyons	<i>Jane Lyons</i>	Street: 2527 Targhee St City: Fitchburg WI Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Fitchburg	11/15/2011 (Month) (Day) (Year)
3. Kathleen Grufel	<i>Kathleen Grufel</i>	Street: 233 Walnut #4 City: Oregon WI Zip: 53575	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Oregon	11/14/2011 (Month) (Day) (Year)
4. Diane Olsen	<i>Diane Olsen</i>	Street: 2524 Targhee St City: Fitchburg WI Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Fitchburg	11/16/2011 (Month) (Day) (Year)
5. Jackson Dahlquist	<i>Jackson Dahlquist</i>	Street: 419 W Washington Ave City: Madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
6. Michelle Weiss	<i>Michelle Weiss</i>	Street: 510957 Dane Hill City: Spring Green, WI Zip: 53588	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Bear Creek	11/16/2011 (Month) (Day) (Year)
7. Matthew Rock	<i>Matthew Rock</i>	Street: 316 N Butler Apt 503 City: Madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
8. Jonathan Wiciat	<i>Jonathan Wiciat</i>	Street: 412 Valeria Dr City: De Forest Zip: 53532	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City De Forest	11/16/2011 (Month) (Day) (Year)
9. Emily Lenthin	<i>Emily</i>	Street: 116 Peerless Rd City: New Glarus WI Zip: 53574	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Primrose	11/16/2011 (Month) (Day) (Year)
10. JAMES BINGHAM	<i>James Bingham</i>	Street: 414 LaBelle Lane City: Menomonie WI Zip: 53716	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Menomonie	11/16/2011 (Month) (Day) (Year)

## Certification of Circulator

I, Diane Olsen, (certify): I reside at 2524 Targhee St City of Fitchburg  
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

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*Diane Olsen*  
(Signature of Circulator)

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1. MICHAEL J. HEMPEL	<i>Michael J Hempel</i>	Street: 2704 ELWOOD CIRCLE City: CROSS PLAINS, WI Zip: 53528	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village CROSS PLAINS <input type="checkbox"/> City	11/16/2011 (Month) (Day) (Year)
2. Cecelia Hempel	<i>Cecelia Hempel</i>	Street: 2704 ELWOOD CIRCLE EAST City: CROSS PLAINS WI Zip: 53528	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village CROSS PLAINS <input type="checkbox"/> City	11/16/2011 (Month) (Day) (Year)
3. MICHAEL KLINKHAMER	<i>Nick Ku</i>	Street: 2603 FAIRFIELD ST City: Madison WI Zip: 53714	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
4.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
5.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)

## Certification of Circulator

I, Diane Olsen, (certify): I reside at 2524 Targhee St. City of Fitchburg  
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

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*Diane Olsen*  
(Signature of Circulator)

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Madison, WI

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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	Email	Phone
1. Joseph D Balczewski	<i>Joseph D Balczewski</i>	Street: 2219 Hollister Ave City: Madison WI Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MAdison	11/15/2011 (Month) (Day) (Year)		
2. Larry Zehner	<i>Larry Zehner</i>	Street: 704 Glenway St. City: Madison Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)		
3. JOYCE CAREY	<i>Joyce Carey</i>	Street: 913 HARRISON ST City: MADISON Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)		
4. Shirley Brenner	<i>Shirley Brenner</i>	Street: 217 Grand Canyon Dr City: Madison, WI Zip: 53705	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)		
5. Ardis Coffman	<i>Ardis Coffman</i>	Street: 6001 Hammersley Rd City: Madison, WI Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)		
6. Hannah Pinkerton	<i>Hannah Pinkerton</i>	Street: 1212 Shorewood City: Madison WI Zip: 53705	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Shorewood <input type="checkbox"/> City Wille	11/15/2011 (Month) (Day) (Year)		
7. Carolyn Waxler	<i>Carolyn Waxler</i>	Street: 1920 Arlington Pl. City: Madison, WI Zip: 53726	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)		
8. Robert Radford	<i>TR Radford</i>	Street: 504 Melody Ln City: Verona WI Zip: 53593	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Verona	11/16/2011 (Month) (Day) (Year)		
9. DULCIE DOBSON	<i>D. Dobson</i>	Street: 1202 MCKENNA BLVD #302 City: MADISON WI Zip: 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/16/2011 (Month) (Day) (Year)		
10.		Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)		

## Certification of Circulator

I, ROBERTA ZEHNER, (certify): I reside at 704 GLENWAY ST. CITY of MADISON  
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 16 / 2011  
(Month) (Day) (Year)

*Roberta Zehner*  
(Signature of Circulator)

Page No. (Official Use Only)  
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# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	Email	Phone
1. DALE JOHNSON -NPG	Dale Johnson	Street: 1136 Morraine View City: Madison WI Zip: 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON -NPG	11/15/2011 (Month) (Day) (Year)		
2.	Paul A. Lewis	Street: 1034 McKenna Blvd. City: Madison WI Zip: 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON -NPG	11/15/2011 (Month) (Day) (Year)		
3. Orton Greg -NPG	Orton Greg	Street: 6214 SCHROEDER RD 53711 City: MADISON WI Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON -NPG	11/15/2011 (Month) (Day) (Year)		
4. Tyler Johnson -NPG	Tyler Johnson	Street: 6208 Strathmore Ln. City: Madison WI Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison -NPG	11/15/2011 (Month) (Day) (Year) NPG		
5. Rene Sanders -NPG	Rene Sanders	Street: 825 Johnson St City: Stoughton Zip: 53589	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Stoughton -NPG	11/15/2011 (Month) (Day) (Year)		
6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)		
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)		
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)		
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)		
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)		

## Certification of Circulator

I, Nick Gallenberg, (certify): I reside at 1136 Morraine View Dr #202 CITY of MADISON  
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 16 / 2011  
(Month) (Day) (Year)

[Signature]  
(Signature of Circulator)

Page No. (Official Use Only)

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# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	
1. Barbara Malone	Barbara Malone	Street: 6617 Sutton Road City: Madison, WI Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)	Email: bobb Phone: (6
2. Bridget Hofstadter	Bridget Hofstadter	Street: 923 Drake St #2 City: Madison WI Zip: 53715	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)	Email: bho Phone: (6
3. SARBI DAVSOWI	SA W	Street: 2709 DANLE City: MADISON Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)	Email: (6
4. Sarah Byrns-Grindrod	SA B	Street: 2376 West Lauree City: Madison WI Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)	Email: by Phone: 608
5. SUSAN W. COOK	Susan W. Cook	Street: 6617 Boulder Lane City: Middleton, WI Zip: 53562	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Middleton	11/15/2011 (Month) (Day) (Year)	Email: (
6. Martha E. White	Martha E. White	Street: 2706 Badger Lane City: Madison, WI Zip: 53713	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)	Email: (
7. CHRISTOPHER J. REYNOLDS	CHRISTOPHER J. REYNOLDS	Street: 1519 CHANDLER ST, #3 City: MADISON, WI Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)	Email: urban Phone: (8
8. Robert B. Scheele	Robert B. Scheele	Street: 1206 Frisch Rd City: Madison, WI Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)	Email: (
9. Linda Levey	Linda Levey	Street: 6613 Sutton Rd City: Madison WI Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)	Email: (
10. Dana Joseph	Dana Joseph	Street: 6613 Sutton Rd City: Madison WI Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)	Email: (

## Certification of Circulator

I, Barbara S. Malone, (certify): I reside at 6617 Sutton Rd. city of Madison  
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 16 / 20 11  
(Month) (Day) (Year)

Barbara Malone  
(Signature of Circulator)

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# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Marilyn Penn	<i>Marilyn Penn</i>	Street: 5555 Tanco Drive City: Madison Zip: 53718	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11 / 16 / 2011 (Month) (Day) (Year)
2. Christine Stark	<i>Christine Stark</i>	Street: 960 Chreence Ct #1 City: Madison Zip: 53715	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11 / 16 / 2011 (Month) (Day) (Year)
3. Sandra Wolens	<i>Sandra Wolens</i>	Street: 1010 Van Buren St. City: Madison, WI Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11 / 16 / 2011 (Month) (Day) (Year)
4. Ann Fahey	<i>Ann Fahey</i>	Street: 4410 Keating Terrace City: Madison Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11 / 16 / 2011 (Month) (Day) (Year)
5.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)

## Certification of Circulator

I, Barbara S. Malone, (certify): I reside at 6617 Sutton Rd. City of Madison  
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 16 / 2011  
(Month) (Day) (Year)

Barbara S. Malone  
(Signature of Circulator)

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# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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1. Bill C. Malone	Bill C. Malone	Street: 6617 Sutton Road City: Madison Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City madison Bcm	11/15/2011 (Month) (Day) (Year)	Email Phone
2. DAVE ROBERTSON	David Robertson	Street: 2606 ARBOR DR #222 City: MADISON Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City madison Bcm	11/15/2011 (Month) (Day) (Year)	Email Phone
3. Sam Wegleitner	Sam Wegleitner	Street: 204 N. Livingston St City: Madison Zip: WI 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City madison Bcm	11/15/2011 (Month) (Day) (Year)	Email Phone
4. Norman Stockwell	Norman Stockwell	Street: 401 ELASIDE BLVD City: MADISON WI Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City madison Bcm	11/15/2011 (Month) (Day) (Year)	Email Phone
5. Richard Gilbert	Richard Gilbert	Street: 4002 Major Ave City: Madison Zip: 53716	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City madison Bcm	11/15/2011 (Month) (Day) (Year)	Email Phone
6. Alex Wilding-White	Alex Wilding-White	Street: 85 State St. City: Mazomanie WI Zip: 53560	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village mazomanie Bcm <input type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)	Email Phone
7. Sybil Augustine	Sybil M. Augustine	Street: 149 Talmadge St City: Madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City madison Bcm	11/15/2011 (Month) (Day) (Year)	Email Phone
8. Glenn Mitroff	Glenn Mitroff	Street: 1516 Lynchburg Trail City: Madison Zip: 53718	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City madison Bcm	11/15/2011 (Month) (Day) (Year)	Email Phone
9. Rebekah Prickner	Rebekah Prickner	Street: 10 Parklawn Place City: Madison Zip: 53705	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City madison Bcm	11/15/2011 (Month) (Day) (Year)	Email Phone
10. Jess Gilbert	Jess Gilbert	Street: 720 E. Gorham, #302 City: Madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City madison Bcm	11/15/2011 (Month) (Day) (Year)	Email Phone

## Certification of Circulator

I, Bill C. Malone, (certify): I reside at 6617 Sutton Rd City of Madison  
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 1 / 16 2011  
(Month) (Day) (Year)

Bill C. Malone  
(Signature of Circulator)

Page No. (Official Use Only)  
# 1914

# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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1. Alan P. Stauffacher	<i>Alan Stauffacher</i>	Street: 872 - 10th Ave. City: New Glarus, WI Zip: 53574	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <i>New Glarus</i> <input type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)
2. Hope A. Hague	<i>Hope A. Hague</i>	Street: 1426 Drake St. City: Madison, WI Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Madison</i>	11/16/2011 (Month) (Day) (Year)
3. LAURA GUTKNECHT	<i>Laura Gutknecht</i>	Street: 315 S. BROOKS ST. #1 City: MADISON Zip: 53715	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>MADISON</i>	11/16/2011 (Month) (Day) (Year)
4. ELIZABETH D'NOVELLA	<i>Elm D'Novella</i>	Street: 510 S. DICKINSON City: MADISON Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>MADISON</i>	11/16/2011 (Month) (Day) (Year)
5. RUKMINI VASUPURAM	<i>R Vasupuram</i>	Street: 308 W. WILSON ST #4 City: MADISON Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>MADISON</i>	11/16/2011 (Month) (Day) (Year)
6. Jan Migasaki	<i>Jan Migasaki</i>	Street: 2830 Stevens St. City: Madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Madison</i>	11/16/2011 (Month) (Day) (Year)
7. Steven Daggett	<i>Steven Daggett</i>	Street: 2408 Lisa Ln City: Fitchburg Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Fitchburg</i>	11/16/2011 (Month) (Day) (Year)
8. Richard L. Bram	<i>Richard L. Bram</i>	Street: 125 N. Hamilton St #1001 City: Madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Madison</i>	11/16/2011 (Month) (Day) (Year)
9. Tonya L. Brito	<i>Tonya Brito</i>	Street: 1925 West Lawn Ave City: Madison WI Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Madison</i>	11/16/2011 (Month) (Day) (Year)
10. Heather A Gerbyshak Heather A Gulyshak	<i>Heather A. Gulyshak</i>	Street: 618 W. Olin Ave #2 City: Madison WI Zip: 53715	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Madison</i>	11/16/2011 (Month) (Day) (Year)

## Certification of Circulator

I, Bill C. Malone, (certify): I reside at 6617 Sutton Rd. City of Madison  
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 16 / 2011  
(Month) (Day) (Year)

Bill C. Malone  
(Signature of Circulator)

Page No. (Official Use Only)  
# 1915

# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	
1. Nastachia Hanger	<i>[Signature]</i>	Street: 1344 E. Wilson St City: Madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)	Email: [ ] Phone: [ ]
2. Russell Reid	<i>[Signature]</i>	Street: 603 Vera Ct. City: Madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)	Email: [ ] Phone: [ ]
3. Josie Freeman	<i>[Signature]</i>	Street: 424 North Paterson City: Madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)	Email: [ ] Phone: [ ]
4. Suzanne Murphy	<i>[Signature]</i>	Street: 342 Nygaard St City: Oregon WI Zip: 53575	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Oregon <input type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)	Email: [ ] Phone: [ ]
5. Marilyn Hayner	<i>[Signature]</i>	Street: 5461 Vicar Lane City: Madison WI Zip: 53714	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)	Email: [ ] Phone: [ ]
6. Jeffrey Richter	<i>[Signature]</i>	Street: 2109 Cliff Ct. City: Madison Zip: 53713	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)	Email: [ ] Phone: [ ]
7. Gregory George	<i>[Signature]</i>	Street: 5008 W. Blue Mound Rd. City: MILWAUKEE Zip: 53208	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MILWAUKEE	11/15/2011 (Month) (Day) (Year)	Email: [ ] Phone: [ ]
8. SARAH TENIENTE	<i>[Signature]</i>	Street: 512 DAVIDSON ST. City: MADISON Zip: 53716	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)	Email: [ ] Phone: [ ]
9. MARIA MASSE	<i>[Signature]</i>	Street: 14 Weeping Birch Cr City: Madison WI Zip: WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)	Email: [ ] Phone: [ ]
10. Ann Sexton	<i>[Signature]</i>	Street: 1443 Spaight St City: Madison, WI Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)	Email: [ ] Phone: [ ]

## Certification of Circulator

I, Jill A. Hynum, (certify): I reside at 446 South Midvale Blvd City of Madison  
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 1 / 16 12011  
(Month) (Day) (Year)

*[Signature]*  
(Signature of Circulator)

Page No. (Official Use Only)  
# 1916



# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Holly Telfer	Holly Telfer	Street: 7457 Franklin Ave. City: Middleton Zip: 53562	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Middleton	11/15/2011 (Month) (Day) (Year)
2. John Landmann	John Landmann	Street: 7457 Franklin Ave City: Middleton Zip: 53562	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Middleton	11/15/2011 (Month) (Day) (Year)
3. Donna M. Ederer	Donna M. Ederer	Street: 829 N Gammon Rd City: Madison WI Zip: 53717	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
4. John Henning	John Henning	Street: 555 S Midvale Blvd City: Madison Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
5. Nicki A. McBreu	Nicki A. McBreu	Street: 555 S. MIDVALE BLVD 407 City: MADISON Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
6. Megan Prime	Megan Prime	Street: 8207 Diamond Ln City: Lodi, WI Zip: 53555	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Lodi, WI	11/16/2011 (Month) (Day) (Year)
7. P. Jean Frank	P. Jean Frank	Street: 10 E. Geneva Circle City: Madison, WI Zip: 53717	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City - Madison	11/16/2011 (Month) (Day) (Year)
8. Katherine Foley	Kath M Foley	Street: N9016 York Center Rd City: Blanchardville Zip: 53516	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City York	11/16/2011 (Month) (Day) (Year)
9. Werner G. Frank	Werner G Frank	Street: 10 E. Geneva Circle City: Madison WI Zip: 53717	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
10. Rebecca J. Spencer	RJ Spencer	Street: 1012 N. HighPoint #208 City: Madison Zip: 53717	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City - Madison	11/16/2011 (Month) (Day) (Year)

## Certification of Circulator

I, Kathy Wolf, (certify): I reside at 4931 Hickory Trail Town of Springfield  
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

Nov 1 16 2011  
(Month) (Day) (Year)

Kathy Wolf  
(Signature of Circulator)

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# SCOTT WALKER RECALL PETITION

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1. Nancy A. Bruins	<i>Nancy A. Bruins</i>	Street: 9391 Union Valley Rd City: Black Earth Zip: 53515	<input checked="" type="checkbox"/> Town of Cross Plains <input type="checkbox"/> Village <input type="checkbox"/> City	11/16/2011 (Month) (Day) (Year)
2. KATHRYN E. QUEST	<i>Kathryn E. Quest</i>	Street: 3238 Spring Valley Rd. City: Dodgeville, WI Zip: 53533	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Clyde	11/16/2011 (Month) (Day) (Year)
3. Eric Walk	<i>Eric Walk</i>	Street: 5108 Rusty Oak Ln City: McFarland Zip: 53558	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City McFarland	11/16/2011 (Month) (Day) (Year)
4. JERESAM. OASEN	<i>Jeresam. Oasen</i>	Street: 5177 Maloney TR City: MADISON, WI Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Fitchburg TO MADISON	11/16/2011 (Month) (Day) (Year)
5. JESSICA KNIGHT	<i>Jessica Knight</i>	Street: 5011 Camden Rd City: Madison WI Zip: 53716	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
6. CANDY SMITH	<i>Candy Smith</i>	Street: 5116 Church St. City: McFarland Zip: 53558	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City McFarland	11/16/2011 (Month) (Day) (Year)
7. DAWN LAIFEX	<i>Dawn Laifex</i>	Street: 16 E Water St City: Montello Zip: 53949	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Montello	11/16/2011 (Month) (Day) (Year)
8. Joshua Meyer	<i>Joshua R Meyer</i>	Street: 204 Sawgrass Ct City: Waunakee Zip: 53597	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Waunakee	11/16/2011 (Month) (Day) (Year)
9. Jenny Edes-Pierotti	<i>Jenny Edes-Pierotti</i>	Street: 10 Greenhaven Circle City: madison Zip: 53717	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
10. Nentle Paul	<i>Nentle Paul</i>	Street: 437 West Main Street #113 City: Madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City madison	11/16/2011 (Month) (Day) (Year)

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Nov, 16 2011  
(Month) (Day) (Year)

*Kathy Wolf*  
(Signature of Circulator)

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1. Melissa Hanna	<i>Melissa Hanna</i>	Street: 2777 Lyman Ln City: Madison Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City madison	11/16/2011 (Month) (Day) (Year)		
2. Jeremy Adams	<i>Jer Adams</i>	Street: 3120 view rd City: Madison Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City madison	11/16/2011 (Month) (Day) (Year)		
3. Evelyn Thompson	<i>Evelyn Thompson</i>	Street: 419 9th Ave. City: Baraboo Zip: WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Baraboo	11/16/2011 (Month) (Day) (Year)		
4. Shirley Rauch	<i>Shirley Rauch</i>	Street: 5625 Steplechare Rd City: Waunakee Zip: 53597	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Westport <input type="checkbox"/> City	11/16/2011 (Month) (Day) (Year)		
5. Will Harvey	<i>William R Harvey</i>	Street: 2116 Hollister Ave City: Madison Zip: 53724	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City madison	11/16/2011 (Month) (Day) (Year)		
6. Brian Dowling	<i>Brian Dowling</i>	Street: 7522 Tree Lane #2 City: madison Zip: 53717	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City madison	11/16/2011 (Month) (Day) (Year)		
7. Russ Pearson	<i>Russ Pearson</i>	Street: 10 N. Lincoln ridge #1632 City: Madison Zip: 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City madison	11/16/2011 (Month) (Day) (Year)		
8. Cassie Mattei	<i>Cassie Mattei</i>	Street: 222 Broadway City: Wis. Dells Zip: 53965	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City wis Dells	11/16/2011 (Month) (Day) (Year)		
9. Kelsey Vandersteen	<i>Kelsey Vandersteen</i>	Street: 902 Kottke Dr #4 City: Madison, WI Zip: 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)		
10. Katherine Allen	<i>K. Allen</i>	Street: 2077 Uphoff Rd. City: Cottage Grove Zip: 53527	<input checked="" type="checkbox"/> Town Cottage Grove <input type="checkbox"/> Village <input type="checkbox"/> City	11/16/2011 (Month) (Day) (Year)		

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(Month) (Day) (Year)

*Kathy Wolf*  
(Signature of Circulator)

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1. KEVIN FOLEY	<i>[Signature]</i>	Street: 1012 W. HIGHPOINT #208 City: MADISON Zip: 53717	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/16/2011 (Month) (Day) (Year)	Email Phone
2. Erinn Monroe	<i>[Signature]</i>	Street: 3533 Concord Ave. City: Madison WI Zip: 53714	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)	Email Phone
3. Kenneth Miska	<i>[Signature]</i>	Street: 6413 Mendota Ave City: Middleton Zip: 53561	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Middleton	11/16/2011 (Month) (Day) (Year)	Email Phone
4. Debbie Garten	<i>[Signature]</i>	Street: 4932 Borchers Beach City: Wauwakee Zip: 53597	<input checked="" type="checkbox"/> Town westport <input type="checkbox"/> Village <input type="checkbox"/> City	11/16/2011 (Month) (Day) (Year)	Email Phone
5. Ali Stone	<i>[Signature]</i>	Street: 4932 Borchers Beach rd City: Wauwakee WI Zip: 53597	<input checked="" type="checkbox"/> Town westport <input type="checkbox"/> Village <input type="checkbox"/> City	11/16/2011 (Month) (Day) (Year)	Email Phone
6. Barb Puls	<i>[Signature]</i>	Street: 1610 Maple St City: Middleton WI Zip: 53562	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Middleton	11/16/2011 (Month) (Day) (Year)	Email Phone
7. Carly Deibler	<i>[Signature]</i>	Street: 8 N Franklin St City: Madison, WI Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)	Email Phone
8. Adam Marsh	<i>[Signature]</i>	Street: 8 N Franklin St City: Madison WI Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)	Email Phone
9. JOHN GREIST	<i>[Signature]</i>	Street: 1517 Edgehill Drive City: Madison, WI Zip: 53705	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Shawand Hills <input type="checkbox"/> City	11/16/2011 (Month) (Day) (Year)	Email Phone
10. Kurt Heilman	<i>[Signature]</i>	Street: 4704 Schofield St City: Monona Zip: 53716	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Monona	11/16/2011 (Month) (Day) (Year)	Email Phone

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Nov, 16, 2011  
(Month) (Day) (Year)

*[Signature]*  
(Signature of Circulator)

Page No. (Official Use Only)

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# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

**Return by**  
Committee  
PO Box 2  
Madison,

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.  
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CO
1. Print: <u>JAN Manthey</u> Sign: <u>JAN Manthey</u>	Street: <u>7545 Widgeon Way</u> City: <u>Madison</u> Zip: <u>53717</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>MADISON</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email <u>jmm</u> Phone <u>(608)</u>
2. Print: <u>DANIEL KAPOR</u> Sign: <u>DANIEL KAPOR</u>	Street: <u>7545 Widgeon Way</u> City: <u>MADISON</u> Zip: <u>53717</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>MADISON</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email <u>DKA</u> Phone <u>(608)</u>
3. Print: <u>Rochelle Stillman</u> Sign: <u>Rochelle Stillman</u>	Street: <u>7503 Widgeon Way</u> City: <u>Madison</u> Zip: <u>53717</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email <u>shellym</u> Phone <u>(608)</u>
4. Print: <u>Leatrice Manthey</u> Sign: <u>Leatrice Manthey</u>	Street: <u>8202 Highway Dr # 315</u> City: <u>Madison</u> Zip: <u>53719</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email <u>(608)</u> Phone <u>(608)</u>
5. Print: <u>DAVID ZIERATH</u> Sign: <u>David Zierath</u>	Street: <u>7513 WIDGEON WAY</u> City: <u>MADISON</u> Zip: <u>53717</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>MADISON</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email <u>dzier</u> Phone <u>(608)</u>

## Certification of Circulator

I, MARK H. EVANS, (certify): I reside at 7635 Widgeon Way City of MADISON  
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(c), Wis. Stats.

11 / 16 / 2011  
(Month) (Day) (Year)

Mark H. Evans  
(Signature of Circulator)

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# 1921

Circulators.  
Please include your

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# SCOTT WALKER RECALL PETITION

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**Return to:**  
Committee  
PO Box 2  
Madison, WI

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NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT INFORMATION
1. Print: <u>Patricia L. Carroll</u> Sign: <u>Patricia L. Carroll</u>	Street: <u>7551 Widgeon Way</u> City: <u>Madison</u> Zip: <u>53717</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email: Phone: <u>(608)</u>
2. Print: <u>ROBERT AINSWORTH</u> Sign: <u>Robert Ainsworth</u>	Street: <u>7549 WIDGEON WAY</u> City: <u>MADISON</u> Zip: <u>53717</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>MADISON</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email: Phone: <u>(608)</u>
3. Print: <u>Susan Ainsworth</u> Sign: <u>Susan Ainsworth</u>	Street: <u>7549 Widgeon Way</u> City: <u>Madison</u> Zip: <u>53717</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email: Phone: <u>(608)</u>
4. Print: <u>DONNA W PETERSON</u> Sign: <u>Donna W Peterson</u>	Street: <u>7535 Widgeon Way</u> City: <u>Madison</u> Zip: <u>53717</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email: Phone: <u>608</u>
5. Print: <u>DONNA M FULLERTON</u> Sign: <u>Donna M Fullerton</u>	Street: <u>7547 WIDGEON WAY</u> City: <u>MADISON</u> Zip: <u>53717</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>MADISON</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email: Phone: <u>608</u>

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(Month) (Day) (Year)  
Mark H. Evans  
(Signature of Circulator)

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**Circulators.**  
Please include your  
Phone  
Email  
MORPH

BC  
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1. Print: <u>Richard Stark</u> Sign: <u>[Signature]</u>	Street: <u>7433 Farmington</u> City: <u>Madison</u> Zip: <u>53717</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email _____ Phone <u>(608)</u>
2. Print: <u>Christine Tighe</u> Sign: <u>[Signature]</u>	Street: <u>7501 Farmington Way</u> City: <u>MADISON</u> Zip: <u>53717</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email _____ Phone <u>(608)</u>
3. Print: <u>MICHAEL R. CLEARY</u> Sign: <u>[Signature]</u>	Street: <u>6902 WINSTONE DRIVE</u> City: <u>MADISON</u> Zip: <u>53711</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>MADISON</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email _____ Phone <u>(608)</u>
4. Print: <u>Mark H. Evans</u> Sign: <u>[Signature]</u>	Street: <u>7635 Widgeon Way</u> City: <u>MADISON</u> Zip: <u>53717</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email _____ Phone <u>(608)</u>
5. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>1/20</u> (Month) (Day) (Year)	Email _____ Phone ( )

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Committee  
PO Box 2  
Madison,

Circulators,  
Please include your  
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# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. David C. Peterson	<i>[Signature]</i>	Street: 2018 Chamberlain Av City: Madison Zip: 53726	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
2. Jesse Schingen	<i>[Signature]</i>	Street: 1701 Norman Way City: Madison Zip: 53705	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
3. DANIEL W. VOERKS	<i>[Signature]</i>	Street: 305 E LAKEVIEW AVE City: MADISON, WI Zip: 53716	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/16/2011 (Month) (Day) (Year)
4. Maria Kutchera	<i>[Signature]</i>	Street: 3732 Timber Lane City: Cross Plains Zip: 53528	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Middleton	11/16/2011 (Month) (Day) (Year)
5. Nicholas Terrible	<i>[Signature]</i>	Street: 1624 Borden Ave #207 City: MADISON Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/16/2011 (Month) (Day) (Year)
6. Paul Marrione	<i>[Signature]</i>	Street: 1381 Boundary Road City: Middleton Zip: 53562	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Middleton	11/16/2011 (Month) (Day) (Year)
7. Tanya Arenson	<i>[Signature]</i>	Street: 1381 Boundary Road City: Middleton Zip: 53562	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Middleton	11/16/2011 (Month) (Day) (Year)
8. Sarah Nelson	<i>[Signature]</i>	Street: 1615 Maple St. City: Middleton Zip: 53562	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Middleton	11/16/2011 (Month) (Day) (Year)
9. Kimberly Christensen	<i>[Signature]</i>	Street: 7427 South Ave City: Middleton Zip: 53562	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Middleton	11/16/2011 (Month) (Day) (Year)
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)

## Certification of Circulator

I, Brook C. Soltvedt, (certify): I reside at 1034 Waban Hill City of Madison  
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 16 / 2011  
(Month) (Day) (Year)

Brook Chase Soltvedt  
(Signature of Circulator)

Page No. (Official Use Only)  
# 1924





# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by Jan

Committee to  
PO Box 2569  
Madison, WI 5

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.  
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. Print: <u>SILVIA CANTU SMITH</u> Sign: <u>Sylvia Cantu Smith</u>	Street: <u>125 Frigate Dr</u> City: <u>Madison</u> Zip: <u>53705</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email _____ Phone ( ) ( )
2. Print: <u>Raequail Smith</u> Sign: <u>Raequail Smith</u>	Street: <u>1400 N. Page St</u> City: <u>Stoughton</u> Zip: <u>53589</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Stoughton</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email _____ Phone ( ) ( )
3. Print: <u>Emily Koss</u> Sign: <u>Emily Koss</u>	Street: <u>10278 Whitnall Edge Cir</u> City: <u>Franklin</u> Zip: <u>53132</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Franklin</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email _____ Phone ( ) ( )
4. Print: <u>Dennis Reynolds</u> Sign: <u>Dennis Reynolds</u>	Street: <u>114 S. Franklin St</u> City: <u>Madison</u> Zip: <u>53703</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email _____ Phone ( ) ( )
5. Print: <u>MICHAEL SHAW</u> Sign: <u>Michael Shaw</u>	Street: <u>6246 ONWENTIA TR</u> City: <u>Oregon</u> Zip: <u>53575</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Oregon</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email _____ Phone ( ) ( )

I, Sue Alioto, (certify): I reside at 708 W. Brithingham Rd Madison  
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 15 / 2011  
(Month) (Day) (Year)

Sue Alioto  
(Signature of Circulator)

Page No. (Official Use Only)  
# 1925

Circulators,  
Please include your contact

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Email  
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# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

**Return by Jan**  
Committee to Recall  
PO Box 2569  
Madison, WI 53708

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.  
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NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. Print: <u>Gregory Stoiber</u> Sign: <u>[Signature]</u>	Street: <u>N65 W 14615 Redwood Drive</u> City: <u>Menomonee Falls</u> Zip: <u>53051</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Menomonee Falls</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone ( )
2. Print: <u>Dean Lorenby</u> Sign: <u>[Signature]</u>	Street: <u>3717 Wilshire Ln.</u> City: <u>Madison</u> Zip: <u>53714</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email <u>Dean Lorenby</u> Phone ( )
3. Print: <u>May Lor</u> Sign: <u>[Signature]</u>	Street: <u>1029 Giedler Court #4</u> City: <u>Madison</u> Zip: <u>53713</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>4/5/2011</u> (Month) (Day) (Year)	Email Phone ( )
4. Print: <u>Andrew M. Hartnett</u> Sign: <u>[Signature]</u>	Street: <u>6408 Century Ave. #2</u> City: <u>Middleton</u> Zip: <u>53562</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Middleton</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone ( )
5. Print: <u>Andrew J Chase</u> Sign: <u>[Signature]</u>	Street: <u>7438 Cedar Creek Trl</u> City: <u>Madison</u> Zip: <u>53717</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone ( )

I, Sue Aloto, (certify): I reside at 708 W. Brittingham Pl Madison  
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 15 / 2011  
(Month) (Day) (Year)  
Sue Aloto  
(Signature of Circulator)

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Circulators,  
Please include your contact

Phone  
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Email

B2635

# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by Janu

Committee to R  
PO Box 2569  
Madison, WI 5

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NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. Print: Sue Wallinger Sign: <i>Sue Wallinger</i>	Street: 5727 Dogwood Pl City: Madison WI Zip: 53705	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison (Municipality Name)	11/15/2011 (Month) (Day) (Year)	Email Phone ( )
2. Print: Carolyn Strabel Sign: <i>Carolyn Strabel</i>	Street: 601 N. Segoe Unit 102 City: Madison WI Zip: 53705	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison (Municipality Name)	11/15/2011 (Month) (Day) (Year)	Email Phone ( )
3. Print: Carrie Coenen Sign: <i>Carrie Coenen</i>	Street: 7112 Hickory Run City: Waunakee Zip: 53597	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Springfield (Municipality Name)	11/15/2011 (Month) (Day) (Year)	Email Phone ( )
4. Print: Susan Parsons Sign: <i>Ms P</i>	Street: 1310 Jenifer St #2 City: Madison WI Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison (Municipality Name)	11/15/2011 (Month) (Day) (Year)	Email Phone ( )
5. Print: Heather Stouder Sign: <i>Heather Stouder</i>	Street: 26 Farwell St. City: Madison, WI Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison (Municipality Name)	11/15/2011 (Month) (Day) (Year)	Email Phone ( )

I, Sue Alioto, (certify): I reside at 708 W. Brighthouse Pl Madison  
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11/15/2011  
(Month) (Day) (Year)

*Sue Alioto*  
(Signature of Circulator)

Page No. (Official Use Only)  
# 1927

Circulators,  
Please include your contact

Phone

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Email

B2635

# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by Janu

Committee to R  
PO Box 2569  
Madison, WI 5

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NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. Gary Baldarotta Print: Gary Baldarotta Sign: <i>[Signature]</i>	Street: 641 W. Main St City: Madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison (Municipality Name)	11/15/2011 (Month) (Day) (Year)	Email Phone ( )
2. Emily Hardiman Print: Emily Hardiman Sign: <i>[Signature]</i>	Street: 437 Trailside Dr. City: DeForest WI 53532	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City DeForest (Municipality Name)	11/15/2011 (Month) (Day) (Year)	Email Phone ( )
3. Holly Slater Print: Holly Slater Sign: <i>[Signature]</i>	Street: 4035 Cottontail Tr. City: Madison WI Zip: 53718	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison (Municipality Name)	11/15/2011 (Month) (Day) (Year)	Email Phone ( )
4. Kevin Lukky Print: Kevin Lukky Sign: <i>[Signature]</i>	Street: 26 Newbury Cr. City: Madison WI Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison (Municipality Name)	11/14/2011 (Month) (Day) (Year)	Email Phone ( )
5. Joshua Schmitt Print: Joshua Schmitt Sign: <i>[Signature]</i>	Street: 121 Haveling St City: Madison Zip: 53714	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison (Municipality Name)	11/15/2011 (Month) (Day) (Year)	Email Phone ( )

I, Sue Alioto, (certify): I reside at 908 W. Brookings Pl Madison  
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 15 / 2011  
(Month) (Day) (Year)

Sue Alioto  
(Signature of Circulator)

Page No. (Official Use Only)  
# 1928

Circulators,  
Please include your contact

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# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by Janu

Committee to R  
PO Box 2569  
Madison, WI 53

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.  
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NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. Print: <u>Linda K. Wells</u> Sign: <u>[Signature]</u>	Street: <u>129 24th Ave</u> City: <u>Monroe</u> Zip: <u>53566</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Monroe</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email <u>LKW533</u> Phone <u>(608) 3</u>
2. Print: <u>Margaret M. Plumer</u> Sign: <u>[Signature]</u>	Street: <u>2730 Tami Trail</u> City: <u>Fitchburg</u> Zip: <u>53711</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Fitchburg</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email  Phone <u>( )</u>
3. Print: <u>James A. Bolles</u> Sign: <u>[Signature]</u>	Street: <u>5002 Sheboygan Ave #134</u> City: <u>Madison</u> Zip: <u>53705</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email  Phone <u>( )</u>
4. Print: <u>[Signature]</u> Sign: <u>[Signature]</u>	Street: <u>PO Box 43</u> City: <u>Madison</u> Zip: <u>53701</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email  Phone <u>( )</u>
5. Print: <u>Lisa M. Mackinnon</u> Sign: <u>[Signature]</u>	Street: <u>2626 Stevens St</u> City: <u>Madison</u> Zip: <u>53705</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email  Phone <u>( )</u>

I, Sue Alioto (Printed Name of Circulator), (certify): I reside at 708 W. Bingham Pl (Circulator's Residence - Street Name and Number) Madison (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 15 / 2011 (Month) (Day) (Year)  
Sue Alioto (Signature of Circulator)

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# 1929

Circulators.

Please include your contact

Phone

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B2635

# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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Committee to R  
PO Box 2569  
Madison, WI 53

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.  
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NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. Print: <u>Yvette Smith</u> Sign: <u>[Signature]</u>	Street: <u>109 S. Mill St.</u> City: <u>Albany</u> Zip: <u>53502</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Albany</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email <u>yvette14</u> Phone <u>(517) 2</u>
2. Print: <u>Kathy Concoran</u> Sign: <u>Kathy Concoran</u>	Street: <u>418 Bortinger Ct</u> City: <u>San Prairie</u> Zip: <u>53440</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>San Prairie</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email  Phone <u>( )</u>
3. Print: <u>JANE ANNE MORRIS</u> Sign: <u>[Signature]</u>	Street: <u>29 E Wilson #205</u> City: <u>Madison WI</u> Zip: <u>53703</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email  Phone <u>(608) 25</u>
4. Print: <u>DAVE BENZIARD</u> Sign: <u>[Signature]</u>	Street: <u>1118 E. GORHAM ST</u> City: <u>MADISON WI</u> Zip: <u>53703</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>MADISON</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email  Phone <u>( )</u>
5. Print: <u>Nicole Ralph</u> Sign: <u>[Signature]</u>	Street: <u>906 Turnberry Dr</u> City: <u>Wausau</u> Zip: <u>53597</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Wausau</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email  Phone <u>( )</u>

I, Sue Alioto (Printed Name of Circulator) (certify): I reside at 708 W. Bortinger Pl (Circulator's Residence - Street Name and Number) Madison (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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(Month) (Day) (Year)

Sue Alioto  
(Signature of Circulator)

Page No. (Official Use Only)  
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Please include your contact i

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# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PO Box 2569  
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1. Print: <u>Maureen (Molly) Plunkett</u> Sign: <u>Maureen Plunkett</u>	Street: <u>5749 Bittersweet Pl.</u> City: <u>Madison</u> Zip: <u>53705</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email <u>plunkett</u> Phone ( )
2. Print: <u>MARY LOU KEASE</u> Sign: <u>Mary Lou Kease</u>	Street: <u>2910 KENDALL AVE</u> City: <u>MADISON</u> Zip: <u>53705</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email <u>1</u> Phone ( )
3. Print: <u>PAUL GRIMMER</u> Sign: <u>Paul Grimmer</u>	Street: <u>1031 WILLIAMSON #2</u> City: <u>MADISON</u> Zip: <u>WI</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email <u>1</u> Phone ( )
4. Print: <u>Ronald Cato</u> Sign: <u>Ronald Cato</u>	Street: <u>124 White Tail Dr.</u> City: <u>Sun Prairie</u> Zip: <u>53590</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Sun Prairie</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email <u>1</u> Phone ( )
5. Print: <u>Matthew Walker</u> Sign: <u>Matthew Walker</u>	Street: <u>721 Glenway St</u> City: <u>Madison</u> Zip: <u>53711</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email <u>1</u> Phone ( )

I, Sue Alioto, (certify): I reside at 708 W. Brittingham Pl Madison  
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S. 12.13(3)(a), Wis. Stats.

11 / 15 / 2011  
(Month) (Day) (Year)

Sue Alioto  
(Signature of Circulator)

Page No. (Official Use Only)

# 193

Circulators,  
Please include your contact

Phone

( )

Email

B 26

# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by Jan

Committee to  
PO Box 2569  
Madison, WI 5

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.  
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. Print: Sue Alioto Sign: Sue Alioto	Street: 708 W. Br. Hingham Pl City: Madison Zip: 53715	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison (Municipality Name)	11/15/2011 (Month) (Day) (Year)	Email Phone ( )
2. Print: Richard Burris Sign: [Signature]	Street: 1320 Fish Hatchery Rd City: Madison Zip: 53715	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison (Municipality Name)	11/15/2011 (Month) (Day) (Year)	Email Phone ( )
3. Print: SUSAN BECKER Sign: [Signature]	Street: 204 N Main & Lower City: Evansville Zip: 53536	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Evansville (Municipality Name)	11/15/2011 (Month) (Day) (Year)	Email Phone ( )
4. Print: DALE R HARRISON Sign: Dale R Harrison	Street: 3337 Clover Dr City: MADISON Zip: 53707	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON (Municipality Name)	11/15/2011 (Month) (Day) (Year)	Email Phone ( )
5. Print: Lisa Bina Sign: Lisa Bina	Street: 16590 Hwy 78 City: Argyle WI Zip: 53504	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Argyle (Municipality Name)	11/15/2011 (Month) (Day) (Year)	Email Phone ( )

I, Sue Alioto, (certify): I reside at 708 W. Br. Hingham Pl Madison  
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S. 13(3)(a), Wis. Stat.

11 / 15 / 2011  
(Month) (Day) (Year)

Sue Alioto  
(Signature of Circulator)

Page No. (Official Use Only)  
# 1932

Circulators,  
Please include your contact

Phone  
( )  
Email

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# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by Jan  
Committee to F  
PO Box 2569  
Madison, WI 5

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.  
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. Print: <u>LORA AFFHOLDER</u> Sign: <u>Lora Affholder</u>	Street: <u>3741 Festival Way</u> City: <u>DeForest</u> Zip: <u>53532</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Burke</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone ( )
2. Print: <u>Jennifer Stone</u> Sign: <u>Jing Stone</u>	Street: <u>9 Woodridge Ct #6</u> City: <u>Madison</u> Zip: <u>53704</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone ( )
3. Print: <u>GREG FRIES</u> Sign: <u>G. Fries</u>	Street: <u>4374 JULIANA LA</u> City: <u>DEFOREST</u> Zip: <u>53532</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>WINDSOR</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone ( )
4. Print: <u>KAREN FRIES</u> Sign: <u>Karen Fries</u>	Street: <u>1812 MEADOW DR</u> City: <u>STOUGHTON</u> Zip: <u>53589</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>STOUGHTON</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone ( )
5. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>1/20</u> (Month) (Day) (Year)	Email Phone ( )

I, Sue Alioto, (certify): I reside at 708 W. Bellingham Pl Madison  
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 15 / 2011  
(Month) (Day) (Year)

Sue Alioto  
(Signature of Circulator)

Page No. (Official Use Only)  
# 1433

Circulators,  
Please include your contact

Phone  
( )  
Email

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# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Kathy Deneen	Kathy Deneen	Street: 210 Indian Summer City: Marshall Zip: 53555	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Marshall <input type="checkbox"/> City	11/16/2011 (Month) (Day) (Year)
2. ANN Stueck	Ann Altmeyer Stueck	Street: 4929 Retana Dr City: Madison Zip: 53714	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
3. Christopher Krinner	Chris Krinner	Street: 4109 Carberry St City: Madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
4. JoAnn Schumacher	JoAnn Schumacher	Street: 208 Suenic Court City: Sun Prairie Zip: 53590	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Sun Prairie	11/16/2011 (Month) (Day) (Year)
5. Louree Holly	Louree Holly	Street: 126 S FRANKLIN ST A1 City: MSN Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
6. DAWA PHUINTE	Dawa Phunte	Street: 68 Lakewood Gardens City: MADISON Zip: 53704	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MADISON	11/16/2011 (Month) (Day) (Year)
7. Janet Shumway	Janet Shumway	Street: 2726 Myrtle St City: Madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
8. Courtney Howard	Courtney Howard	Street: 4318 DRISCOLL DR. #2 City: madison Zip: 53718	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City madison	11/16/2011 (Month) (Day) (Year)
9. Gioconda Ramirez	Gioconda Ramirez	Street: 4334 Melody Ln #3 City: Madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
10. Cristina Wood	Cristina Wood	Street: 2238 E Johnson #1574 City: Madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)

## Certification of Circulator

I, Katherine R. Rheume, (certify): I reside at 527 Algoma St. Madison, WI  
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 16 / 2011  
(Month) (Day) (Year)

Katherine R. Rheume  
(Signature of Circulator)

Page No. (Official Use Only)  
# 1934

Circulator  
Phone  
Email

B 25

# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Ary S Armara	<i>[Signature]</i>	Street: 5316 Milwaukee ST City: Madison, WI Zip: 53714	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11 / 16 / 2011 (Month) (Day) (Year)
2. Rachel D Hanson	<i>[Signature]</i>	Street: 6813 Village Park Dr City: Madison Zip: 53718	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11 / 16 / 2011 (Month) (Day) (Year)
3. Liana Nash	<i>[Signature]</i>	Street: 3925 Anchor Dr City: Madison Zip: 53714	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11 / 16 / 2011 (Month) (Day) (Year)
4. Theresa Camacho	<i>[Signature]</i>	Street: 102 N. 2nd St City: Madison WI Zip: 53714	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11 / 16 / 2011 (Month) (Day) (Year)
5. LAUREN GRESHAM	<i>[Signature]</i>	Street: 6213 Littlemore Dr #306 City: Madison Zip: 53718	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11 / 16 / 2011 (Month) (Day) (Year)
6. Jamie Roehung	<i>[Signature]</i>	Street: 4651 Treichel ST City: Madison Zip: 53718	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11 / 16 / 2011 (Month) (Day) (Year)
7. MICHAELINE HANSEN	<i>[Signature]</i>	Street: 2408 INDEPENDENCE LN #108 City: Madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11 / 16 / 2011 (Month) (Day) (Year)
8. Hannah Hoff	<i>[Signature]</i>	Street: 1860 Steven St. City: Sun Prairie Zip: 53590	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Sun Prairie	11 / 16 / 2011 (Month) (Day) (Year)
9. Jeremy J. Hayes	<i>[Signature]</i>	Street: 254 Goehl Rd City: Waterloo WI Zip: 53594	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Waterloo	11 / 16 / 2011 (Month) (Day) (Year)
10. CRYSTAL HESS	<i>[Signature]</i>	Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)

## Certification of Circulator

I, Sara A. Arscott, (certify): I reside at 1930 E. Dayton St. Madison  
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 16 / 2011  
(Month) (Day) (Year)

*[Signature]*  
(Signature of Circulator)

Page No. (Official Use Only)  
# 1935

Circulator

Phone

Email

# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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1. LARRY STEPHENS	Larry A. Stephens	Street: 204 Division St City: Madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City CITY OF MADISON	11/15/2011 (Month) (Day) (Year)
2. KURTIS PITTIS	Kurtis Pittis	Street: 29 Sherman Terrace City: MADISON Zip: WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)
3. Fay McClurg	Fay McClurg	Street: 15 N Third St City: Madison WI Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
4. Linda Hill	Linda M. Hill	Street: 2514 E. DAYTON City: Madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
5. Nancy HANSON	Nancy Hansohn	Street: 17 No. Marquette St City: Madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
6. Teri Weiland	Teri Weiland	Street: W11993 Duffy Rd City: Columbus Zip: 53925	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Columbus	11/15/2011 (Month) (Day) (Year)
7. Aneidys Reye	Aneidys Reyes	Street: 2652 Milwaukee St. City: Madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
8. Alicia Imhoff	Alicia Imhoff	Street: Madison 17 Swanton Rd City: Madison Zip: 53714	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
9. ORNA BABAD	Orna Babad	Street: 2506 Holand St. City: Madison Zip: WI 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
10. Brad Van Drogen	Brad Van Drogen	Street: 3841 Margaret St City: Madison Zip: 53714	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)

## Certification of Circulator

I, FAY McCLURG, (certify): I reside at 15 N Third St Madison Wisconsin  
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 15 / 2011  
(Month) (Day) (Year)

Fay McClurg  
(Signature of Circulator)

Page No. (Official Use Only)

# 1936

Circulator

Phone

Email

# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Kathryn D. Wilson		Street: 625 Springbrook Circle City: DeForest Zip: 53532	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village DeForest <input type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)
2. Gregory J. Wicz		Street: 655 Washington Rd City: Edgerton WI Zip: 53534	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village Dunkirk <input type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)
3. ANTON ANDHYA		Street: 942 WINDING WAY City: MIDDLETON WI Zip: 53562	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
4. Christina Duarte		Street: 1402 Regent Street Apt. 702 City: Madison WI Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
5. Jon Mayers		Street: 2040 Allen Blvd Apt 2 City: Middleton WI Zip: 53562	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Middleton	11/15/2011 (Month) (Day) (Year)
6. Adam Johnson		Street: 2014 Pike Drive Apt 7 City: Fitchburg WI Zip: 53713	<input type="checkbox"/> Town <input type="checkbox"/> Village Fitchburg <input checked="" type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)
7. Amber Schuh		Street: 402 N. Eau Claire Apt 205 City: Madison WI Zip: 53705	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
8. Nicholas George		Street: 324 W. Randolph St City: Stoughton Zip: 53589	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Stoughton	11/15/2011 (Month) (Day) (Year)
9. Joshua Blanchette		Street: 18 S. Orchard St. City: Madison Zip: 53715	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
10. Monica Gavala		Street: 5 Loomis Circle # 6 City: Madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)

## Certification of Circulator

I, Lisa Lenertz-Lindemer, (certify): I reside at 4417 Prairieview Dr. Madison  
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 16 / 2011  
(Month) (Day) (Year)

(Signature of Circulator)

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# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Funita Phan	<i>Funita Phan</i>	Street: 4833 Sheboygan Ave. Apt. 234 City: Madison Zip: 53705	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11 / 15 / 2011 (Month) (Day) (Year)
2. David A. Brow	<i>David A. Brow</i>	Street: 910 Pebble Beach Dr. City: Madison Zip: 53717	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11 / 15 / 2011 (Month) (Day) (Year)
3. Sandra K. Wenzel	<i>Sandra K. Wenzel</i>	Street: 4413 Prairieview Dr 53704 City: Madison Zip: ↓	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11 / 15 / 2011 (Month) (Day) (Year)
4.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
5.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)

## Certification of Circulator

I, Lisa Lenertz-Lindemer, (certify): I reside at 4417 Prairieview Dr. Madison  
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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*Lisa Lenertz-Lindemer*  
(Signature of Circulator)

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# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	
1. Gregory C. Norman		Street: 517 North St. City: Madison, WI Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)	Email Phone
2. Kristin L. Larson		Street: 2824 Meland St City: Madison WI Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)	Email Phone
3. Shirley Gulkik		Street: 2657 E Johnson St City: Madison WI Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)	Email Phone
4. Onyx R. O'Brien		Street: 1521 Trailway #4 City: Madison WI Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)	Email Phone
5. Jenny L. Cruborough		Street: 3364 Basil Dr City: Madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)	Email Phone
6. Angela Bongour		Street: 904 Sunset #B City: Cottage Grove WI	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Cottage Grove <input type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)	Email Phone
7. Aisa Sano		Street: 904 Sunset #B City: Cottage Grove WI	<input checked="" type="checkbox"/> Town Cottage Grove <input type="checkbox"/> Village <input type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)	Email Phone
8. Brandon Wood		Street: 2238 E Johnson St #1 City: Madison WI Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)	Email Phone
9. Janelle Chinn		Street: 202A Parkview Dr City: Columbus WI Zip: 53925	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Columbus	11/15/2011 (Month) (Day) (Year)	Email Phone
10. Jane Magaña		Street: 2641 E. Dawn Ct City: Madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)	Email Phone

## Certification of Circulator

I, Arthur Hackett (Name of Circulator) (certify): I reside at 822 McCormick (Circulator's Residence - Street name and Number) Madison (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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(Signature of Circulator)

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# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Diana Duff	<i>[Signature]</i>	Street: 4340 Melody Ln. #203 City: Madison WI Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
2. Julianne Petersen	<i>[Signature]</i>	Street: 2542 Myrtle St City: Madison, WI Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
3. Ann L. Laabs	<i>[Signature]</i>	Street: 1515 Holly Drive City: <del>Madison</del> Janesville WI Zip: 53406	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Janesville	11/16/2011 (Month) (Day) (Year)
4. Kati Bruthner	<i>[Signature]</i>	Street: 1695 Chadsworth Dr City: Sun Prairie WI Zip: 53590	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Sun Prairie	11/16/2011 (Month) (Day) (Year)
5. Kari Fleming	<i>[Signature]</i>	Street: 4404 Buckeye Rd City: Madison Zip: 53716	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
6. John Newman	<i>[Signature]</i>	Street: 315 S. Henry St. #7 City: Madison WI Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
7. Susan Mautz	<i>[Signature]</i>	Street: 3138 Clove Drive City: Madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
8. Richard Turid	<i>[Signature]</i>	Street: 200 Meloy Rd City: Madison WI Zip: 53714	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
9. Heidi Heffron-Clark	<i>[Signature]</i>	Street: 1385 Kaase Rd City: Stoughton WI Zip: 53589	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Stoughton	11/16/2011 (Month) (Day) (Year)
10. Molly Haeon	<i>[Signature]</i>	Street: 1630 Baltimore Rd #207 City: Madison WI Zip: 53704	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)

## Certification of Circulator

I, Eva Shiffin, (certify): I reside at 109 N. 6th Street City of Madison  
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Lisa Wyeth	<i>Lisa Wyeth</i>	Street: 55 Craig Ave City: Madison Zip: 53705	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
2. DAN GRAHAM	<i>Dan Graham</i>	Street: 501 Rosa Rd. City: Madison WI Zip: 53705	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
3. Felix Enabali	<i>Felix Enabali</i>	Street: 2338 Maple Grove City: Madison Zip: 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
4. David Degenhardt	<i>David Degenhardt</i>	Street: 2534 Scenic Ridge Dr City: Madison Zip: 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
5. Chris R. Carbin	<i>Chris R. Carbin</i>	Street: 214 Merrill Crest Dr City: Madison Zip: 53705	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
6. Thaddeus Timm	<i>Thaddeus Timm</i>	Street: 1133 Lorraine Dr City: Madison WI Zip: 53705	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
7. Eric Feinstein	<i>Eric Feinstein</i>	Street: 7813 Twin Flare City: Madison Zip: 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
8. Mike Mills	<i>Mike Mills</i>	Street: 4833 Sheboygan Ave City: Madison Zip: 53705	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
9. Jay M. Fleisher	<i>Jay M. Fleisher</i>	Street: 409 N Eau Claire City: Madison WI Zip: 53705	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
10. Michael R. Jackson	<i>Michael R. Jackson</i>	Street: 4817 Sheboygan Ave APT 103 Madison WI Zip: 53705	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/16/2011 (Month) (Day) (Year)

## Certification of Circulator

I, Lawrence J. London, (certify): I reside at 5525 Marconi St, Madison (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. GREGORY TOEPPERWEIN		Street: 202 N. Eau Claire Ave Apt 201 City: Madison Zip: 53705	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
2. JUDY KLUG		Street: 3106 Atwood Ave City: MADISON Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/16/2011 (Month) (Day) (Year)
3. Robert H Askey		Street: 1817 RAE LAN City: Madison WI Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
4. Alejandro Velazquez		Street: 344 W. Dayton St Apt 111 City: Madison WI Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
5. DIANNE PARISH		Street: 1021 PARK ST City: SToughton WI Zip: 53589	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City SToughton	11/16/2011 (Month) (Day) (Year)
6. Joyce Runey		Street: 5509 BELIN ST City: Madison, WI Zip: 53705	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
7. Patricia Becker		Street: 4513 Terminal Dr City: McFarland Zip: 53558	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City McFarland	11/16/2011 (Month) (Day) (Year)
8. Doug Wesolowski		Street: 502 Merrill Crest Dr City: Madison Zip: 53705	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
9. Danielle DeTennis		Street: 4817 Sheboygan Ave City: Madison WI Zip: 53705	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
10. CAMERON SMITH		Street: 315 W Dayton St Apt 3 City: Madison WI Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)

## Certification of Circulator

I, Lawrence J. Louden, (certify): I reside at 5525 Marconi St Madison  
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Ebony Clayborne	<i>[Signature]</i>	Street: 806 Brandie Rd #1 City: Madison, WI Zip: 53714	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
2. Heather Shults	<i>[Signature]</i>	Street: 819 Brandie Rd City: Madison WI Zip: 53714	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
3. Daniel Sannes	<i>[Signature]</i>	Street: 823 Brandie rd City: madison Zip: 53714	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City madison	11/15/2011 (Month) (Day) (Year)
4. MARK SSANNES	<i>[Signature]</i>	Street: 823 Brandie 53714 City: MADISON Zip: ↓	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)
5. Raechel Koseck	<i>[Signature]</i>	Street: 4326 Nakossa Trail #2 City: Madison Zip: 53714	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
6. Regina F. OLiva	<i>[Signature]</i>	Street: 4326 Nakossa Tr #4 City: Madison Zip: 53714	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
7. Julie Henze	<i>[Signature]</i>	Street: 4326 Nakossa Tr #1 City: Madison Zip: 53714	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
8. Twannathood	<i>[Signature]</i>	Street: 4326 Nakossa City: Madison Zip: 53714	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
9. STEVEN VICKERS	<i>[Signature]</i>	Street: 4326 Nakossa #8 City: Madison Zip: 53714	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
10. Jaymee Meier	<i>[Signature]</i>	Street: 5222 Ridge Oak Dr City: Madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)

## Certification of Circulator

I, Jaymee Meier, (certify): I reside at 5222 Ridge Oak Dr. Madison  
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 15 / 2011  
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*[Signature]*  
(Signature of Circulator)

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# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Vicki L Mathison	<i>[Signature]</i>	Street: 5425 Perry Lane City: madison Zip: 53718	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
2. Jean Mathison	<i>[Signature]</i>	Street: 1182 Freckville City: Madison Zip: 53716	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
3. Donald A. Hebgren	<i>[Signature]</i>	Street: 4702 Meredith City: MADISON WI Zip: 53716	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
4. Jim FEIFAREK	<i>[Signature]</i>	Street: 4706 MEREDITH AVE City: MADISON Zip: 53716	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)
5. Sally Fortney	<i>[Signature]</i>	Street: 4706 Meredith Ave City: Madison Zip: 53716	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
6. Christie Zamber	<i>[Signature]</i>	Street: 4710 Meredith Ave City: Madison Zip: 53716	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
7. Brad Henke	<i>[Signature]</i>	Street: 4817 Ferris Ave City: Madison Zip: 53716	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
8. Teresa Fosdick	<i>[Signature]</i>	Street: 4821 Ferris Ave City: madison Zip: 53716	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City madison	11/15/2011 (Month) (Day) (Year)
9. Ruth Poochigian	<i>[Signature]</i>	Street: 4717 Ferris Ave City: MADISON Zip: 53716	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)
10. CAROL McCLATCHY	<i>[Signature]</i>	Street: 4713 Ferris Ave City: MADISON WI Zip: 53716	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)

## Certification of Circulator

I, Jaymee Meier (Name of Circulator), (Certify): I reside at 5222 Ridge Oak Dr. Madison (Circulator's Residence (Street name and Number))  
(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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*[Signature]*  
(Signature of Circulator)

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# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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1. Kayla O'Shaughnessy	Kayla O'Shaughnessy	Street: 4713 Ferris Ave City: Madison Zip: 53716	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)	Email Phone
2. MEADE McCLATCHIE	Meade McClatchie	Street: 4713 FERRIS AVE City: MADISON Zip: 53716	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)	Email Phone
3. Carla Stephani	Carla Stephani	Street: 4502 DEERWOOD DR City: Madison Zip: 53716	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)	Email Phone
4. S John Hanson	S John Hanson	Street: 4502 DEERWOOD DR City: Madison Zip: 53716	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)	Email Phone
5. Roger Voigt	Roger Voigt	Street: 4710 Ferris Ave City: Madison WI Zip: 53716	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)	Email Phone
6. MARY Lou CONDON	Mary Lou Condon	Street: 1226 MEADOWLARK DR City: MADISON WI Zip: 53716	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)	Email Phone
7. Frances Ramsey	Frances Ramsey	Street: 4614 Ferris Ave City: madison Zip: 53716	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)	Email Phone
8. James Ramsey	James Ramsey	Street: 4614 Ferris Ave City: Madison, WI Zip: 53716	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)	Email Phone
9. Janis L. Wenman	Janis L. Wenman	Street: 2536 Florence City: Beloit Zip: 53511	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Beloit	11/15/2011 (Month) (Day) (Year)	Email Phone
10. ANN Joachim	Ann Joachim	Street: 4701 Ferris Ave City: Madison Zip: 53716	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)	Email Phone

## Certification of Circulator

I, Jaymee Meier, (certify): I reside at 5222 Ridge Oak Dr. Madison  
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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(Month) (Day) (Year)

(Signature of Circulator)

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Circulator

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# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. JAMES V. JOACHIM	<i>James V Joachim</i>	Street: 4701 FERRIS AV City: MADISON WI Zip: 53716	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)
2. JAMES T JAFFERIS	<i>James T Jafferis</i>	Street: 4606 Ferris Ave City: madison Zip: 53716	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City madison	11/15/2011 (Month) (Day) (Year)
3. MARILYN A JAFFERIS	<i>Marilyn A Jafferis</i>	Street: 4606 FERRIS AVE City: MADISON Zip: 53716	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)
4. Alexander Butler	<i>Alexander Butler</i>	Street: 4605 FERRIS AVE City: MADISON Zip: 53716	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)
5. PAUL A. SCHIRO	<i>Paul A Schiro</i>	Street: 1101 ACEWOOD BLVD City: MADISON Zip: 53716	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)
6. Kara S. Webber Schiro	<i>Kara S Webber Schiro</i>	Street: 1101 Acewood Blvd City: Madison, WI Zip: 53716	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
7. Michael Martinez	<i>Michael Martinez</i>	Street: 8022 1st Drive City: Madison WI Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
8. Harliud L. Shade	<i>Harliud L Shade</i>	Street: 1113 Acewood Blvd City: Madison Zip: 53716	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
9. Tesha Smith	<i>Tesha Smith</i>	Street: 1118 Acewood Blvd City: Madison Zip: 53716	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
10. John J Zamber	<i>John J Zamber</i>	Street: 4710 Meredith Ave City: madison WI. Zip: 53716	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City madison	11/15/2011 (Month) (Day) (Year)

## Certification of Circulator

I, Jaymee Meier, (certify): I reside at 5222 Ridge Oak Dr. Madison  
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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# SCOTT WALKER RECALL PETITION

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THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Natasha Stankaich		Street: 815 Brandie Rd. City: Madison Zip: 53714	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
2. Tim D. Kennedy		Street: 813 Brandie Rd. City: Madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
3. Michelle Laeffler		Street: 814 Brandie Rd. City: Madison Zip: 53714	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
4. Tom Nier		Street: 809 Brandie City: Madison Zip: 53714	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
5. Zach Trunsne		Street: 803 Brandie City: Madison Zip: 53714	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
6. Delys O'Malley		Street: 803 Brandie Rd. City: Madison Zip: 53714	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
7. Tana Schirmer		Street: 806 Brandie #3 City: Madison Zip: 53714	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
8. Tiffany McAdoni		Street: 806 Brandie #25 City: Madison WI Zip: 53714	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
9. Mariah Fortman		Street: 806 Brandie #3 City: Madison WI Zip: 53714	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
10. Michael Hackl		Street: 806 Brandie #2 City: Madison Zip: 53714	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)

## Certification of Circulator

I, Jaymee Meier, (certify): I reside at 5222 Ridge Oak Dr. Madison  
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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(Signature of Circulator)

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# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Ashlee Miller	<i>Ashlee Miller</i>	Street: 2113 Lake Point Dr Apt 1 City: Madison WI Zip: 53713	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
2. Christopher Burch	<i>Chris Burch</i>	Street: 421 Maywood St City: Madison WI Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
3. Patricia Epstein	<i>Pat Epstein</i>	Street: 7712 Hillcrest Ave City: Middleton Zip: 53562	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City city of Middleton	11/16/2011 (Month) (Day) (Year)
4. Sean McLaughlin	<i>Sean McLaughlin</i>	Street: 6201 Davenport Drive City: Madison Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/14/2011 (Month) (Day) (Year)
5. Gabe Rosen	<i>Gabe Rosen</i>	Street: 515 N Lake St City: Madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
6. ANNE E COLEMAN	<i>Anne E. Coleman</i>	Street: 2018 GREENWAY CROSS #1 City: FITCHBURG WI Zip: 53713	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City FITCHBURG	11/16/2011 (Month) (Day) (Year)
7. Karole Dachelet	<i>Karole Dachelet</i>	Street: 159 Lakewood Gardens Ln City: Madison WI Zip: 53704	<input checked="" type="checkbox"/> Town Madison <input type="checkbox"/> Village <input type="checkbox"/> City	11/16/2011 (Month) (Day) (Year)
8. Ronni Hayon	<i>Ronni Hayon</i>	Street: 1910 PEELE RD City: MADISON Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/16/2011 (Month) (Day) (Year)
9. Dennis Gansher T	<i>Dennis Gansher T</i>	Street: 102 N. Prospect St. City: Stoughton, WI Zip: 53589	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Stoughton	11/16/2011 (Month) (Day) (Year)
10. MATTHEW FANALE	<i>Matthew Fanale</i>	Street: 1829 HEATH AVE City: MADISON Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/16/2011 (Month) (Day) (Year)

## Certification of Circulator

I, ROBERT A. KASPAR (Name of Circulator) certify: I reside at 3809 Anchor Dr (Circulator's Residence - Street name and Number) MADISON, WI (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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*Robert A. Kaspar*  
(Signature of Circulator)

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# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Stuart Frazier	[Signature]	Street: 835 W Dayton Street City: Madison, WI Zip: 53706	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
2. ANGELA ZAR	[Signature]	Street: 748 JENNIFER ST #1 City: MADISON Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/16/2011 (Month) (Day) (Year)
3. Sarah Germanpreez	[Signature]	Street: 641 E. Dayton St. City: Madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
4. Robert Peterson	[Signature]	Street: 7015 PARKSIDE CIR City: DO FOREST Zip: 53532	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City WINDSOR	11/14/2011 (Month) (Day) (Year)
5. Leslie Shalabi	[Signature]	Street: 6167 DELL DR #1 City: Madison, WI Zip: 53718	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
6. Brent Christianson	[Signature]	Street: 2610 Park Pl City: Madison Zip: 53705	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
7. Steven Schacter	[Signature]	Street: 110 Leon Street City: Madison Zip: 53714	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
8. Terence A. Murphy	[Signature]	Street: 1967 E. Main #2 City: Madison WI Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
9. E. Bryan Burgyer	[Signature]	Street: 5321 Manitowish City: MADISON Zip: 53705	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/14/2011 (Month) (Day) (Year)
10. Ellen Utter	[Signature]	Street: 33 Joshua Circle City: Madison WI Zip: 53714	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)

## Certification of Circulator

I, ROBERT A. KASPAK, (certify): I reside at 3809 ANAHEIM DR MADISON WI  
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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[Signature]  
(Signature of Circulator)

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